

extract casts doubt on the possibility that this could be effective.

One death from this type of allergic reaction has been recorded in a newspaper (*Merced Star*, May 31, 1975). With growing numbers of people exposed to this problem, research is urgently needed. Until effective preventive treatment is developed, the least we can do is to make sure that all emergency room physicians are aware of the problem. There is a kissing bug and it does cause severe allergic reactions including anaphylaxis.

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Legionnaires' Disease

TO THE EDITOR: Legionnaires' disease was discussed by Dr. Barbara Kirby in the Medical Staff Conference in the December 1978 issue. It essentially was a review of material previously published by her and her colleagues.¹

She stated that Legionnaires' disease has not been seen in Los Angeles apart from the Veterans Administration Wadsworth Hospital Center experience. We as a group of three pulmonary practitioners in private practice have discovered 14 cases in four different hospitals in the San Gabriel Valley of Los Angeles County in the last 11 months which meet the Center for Disease Control (CDC) criteria for either a presumed or a confirmed case.^{2,3}

Although Dr. Kirby feels that there is a characteristic symptom complex, this has not been our experience. We are unable to separate the clinical presentation of Legionnaires' disease from other infectious pneumonias. Perhaps the sporadic nature of our cases over a large geographic area which conceivably may involve several serotypes might in part explain this difference.

We do not understand her statement that there is not an easy reliable method for diagnosis. In both the CDC's and our experience, the immunofluorescent antibody test has been an easily performed, reliable test. For the last year it has been commercially available through the Analytical Reference Service in Long Beach, California, with results being reported to the clinician in 48 to 72 hours. Initially we had split our specimens and sent one to this laboratory and one to the CDC. Because both laboratories reported the same titer we have stopped sending specimens to the CDC which requires 6 to 8 weeks turnaround time. The most pressing current problem with this test is to

incorporate enough of the serotypes to detect all clinical cases.

Doctor Kirby commented that pulmonary cavitation is not seen on x-ray films of the chest. As is so often the case, the more a disease is recognized, the broader its spectrum of clinical manifestations. We have recently observed two cases of Legionnaires' disease with cavitation.⁴

Our experience would suggest that this is not an uncommon disease, that a reliable rapid test is available for diagnosis, and that in patients with pneumonia, physicians should consider Legionnaires' disease when the cause of the pneumonia is not obvious.

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REFERENCES

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2. Legionnaires' disease—England, Wales. *Morbidity Mortality Weekly Rep* 27:200, 205, 1978
3. Legionnaires' disease—United States. *Morbidity Mortality Weekly Rep* 27:439-441, 1978
4. Lake KB, Van Dyke JJ, Brown PM: Legionnaires' disease and pulmonary cavitation. *Arch Intern Med* (In press)

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Dr. Kirby Replies

TO THE EDITOR: Dr. Lake and his associates state that the Medical Staff Conference "essentially was a review of material previously published." The conference was held in August 1978, before any detailed publication of the Wadsworth experience. At the time of the conference, 51 cases of Legionnaires' disease had been reported in Los Angeles County; in 49 of these cases exposure to Wadsworth Hospital was documented.¹

I cannot comment on whether or not the 14 patients mentioned by Dr. Lake and associates had Legionnaires' disease because no data are presented. I would urge any physician who thinks he has diagnosed even a single case of Legionnaires' disease to report it promptly to the appropriate public health authorities so that epidemiologic studies may be undertaken. One of the striking features of Legionnaires' disease is its frequent association with specific buildings and geographic areas. With effective therapy available, early identification of such sources and notification of local physicians may prevent needless morbidity and even death.

As stated in the Medical Staff Conference, Legionnaires' disease at Wadsworth hospital has presented as a readily recognizable clinical entity.